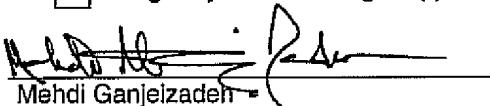


| | | | | | |
|--|----------------------------------|--------------------------------|--|----------------------------|------------------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. HOI-14302/16 | |
| Application No. 10/560,519-Conf. #5664 | | Filing Date March 20, 2006 | | Examiner M. C. Henry | Art Unit 1623 |
| Applicant(s): Inge Dorthe Hansen | | | | | |
| Invention: TREATMENT OF SYMPTOMS ASSOCIATED WITH BACTERIAL VAGINOSIS | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment and a petition for extension of time in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 32 | - 26 = | 6 | x 25.00 | 150.00 |
| Independent Claims | 4 | - 3 = | 1 | x 105.00 | 105.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within first month | | | | | 60.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 315.00 |
| <input type="checkbox"/> Large Entity | | | <input checked="" type="checkbox"/> Small Entity | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. <u>07-1180</u> in the amount of \$ _____ . A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1180</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Dated: <u>May 7, 2008</u> | | | | | |
| Mehdi Ganjeizadeh Attorney/Agent Reg. No.: 47,585 | | | | | |
| GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (248) 647-6000 | | | | | |